

## Division of Labor Standards – Claim Intake Review Form

This form is used by District Offices for processing new monetary claim forms, non-monetary claims/phone calls and appending new claims to existing cases. When used for monetary claims and appending claims, this form must be accompanied by a completed LS-222, LS-223 or LS-425.

Only those sections marked in YELLOW are required fields

Reviewed by:

RACF: usayg1

Check One:



New Claim



Append to Case No.

### CLAIMANT INFORMATION:

First Name Romeo	Last Name Cordoba	
Social Security Number		
Address		
City		State
		Zip
Phone		
Other Phone	- -	
Other Phone 2	- -	
Email		

### EMPLOYER INFORMATION:

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type <small>(Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)</small>	Other
FEIN	
ER First Name	Frank
ER Last Name	

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
<b>Industry</b> (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

**COMPLAINT INFORMATION:**

<b>Source of Complaint</b> (Use one of the following in this field: Anonymous, Investigator/Patrol, Parent/3 <sup>rd</sup> Party, Permit Application, Recheck, Referral, Union, Worker)	
<b>Type of Complaint</b>	<b>Check all necessary boxes and enter amount if applicable</b> <b>NOTE: At least one box marked with an asterisk * must be checked for non-monetary claims.</b>
	* <input type="checkbox"/> Child Labor
	* <input type="checkbox"/> Farm Labor
	* <input type="checkbox"/> Homework
	* <input checked="" type="checkbox"/> Hours and Meal Period
	<input checked="" type="checkbox"/> Minimum Wage
	* <input type="checkbox"/> Permit/Licensing
	<input type="checkbox"/> Supplemental Wage Claim
	<input type="checkbox"/> Tip Appropriations
	<input type="checkbox"/> Unlawful Deductions
	<input type="checkbox"/> Wage Claim
	* <input checked="" type="checkbox"/> Wage Statement/Records/Payment

District	02
County	Brooklyn
Dates Worked	From 4/ 14/ 2011 to 04 / 14 / 2014
Rate \$450.00	Per Weekl
Occupation	<b>Or</b> Job Title Pizzia and Salad Prep., Dishwasher

**COMPLAINT: What you put in here will populate the collection letter. Please be professional and concise with your wording.**

Language

Complaint Specific Information:

Violation Date	/ /
<input type="checkbox"/> Central Investigations	<input checked="" type="checkbox"/> Send Acknowledgement letter

Other:

Status:

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Invalid
<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> Pending
<input checked="" type="checkbox"/> Valid/Make a Case	<input type="checkbox"/>

COMMENTS:

## Division of Labor Standards – Claim Intake Review Form

This form is used by District Offices for processing new monetary claim forms, non-monetary claims/phone calls and appending new claims to existing cases. When used for monetary claims and appending claims, this form must be accompanied by a completed LS-222, LS-223 or LS-425.

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Reviewed by:

RACF: usayg1

Check One:    ☒ New Claim    ☐ Append to Case No.

### CLAIMANT INFORMATION:

First Name Noe'	Last Name Rivera		
Social Security Number			
Address			
City		State	
		Zip	
Phone			
Other Phone	- -		
Other Phone 2	- -		
Email			

### EMPLOYER INFORMATION:

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type <small>(Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)</small>	Other
FEIN	
ER First Name	Frank
ER Last Name	

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
<b>Industry</b> (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

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	* <input type="checkbox"/> Permit/Licensing
	<input type="checkbox"/> Supplemental Wage Claim
	<input type="checkbox"/> Tip Appropriations
	<input type="checkbox"/> Unlawful Deductions
	<input type="checkbox"/> Wage Claim
	* <input checked="" type="checkbox"/> Wage Statement/Records/Payment

District	02
County	Brooklyn
Dates Worked	From 5/ 13/ 2012 to 04 / 12 / 2014
Rate \$450.00	Per Week
Occupation	Or Job Title Pizzia and Salad Prep., Dishwasher

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Language

Complaint Specific Information:

Violation Date	/ /
<input type="checkbox"/> Central Investigations	<input checked="" type="checkbox"/> Send Acknowledgement letter

Other:

Status:

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Invalid
<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> Pending
<input checked="" type="checkbox"/> Valid/Make a Case	<input type="checkbox"/>

COMMENTS:

## Division of Labor Standards – Claim Intake & Review Form

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Reviewed by:

RACF: usayg1

Check One:     ☒ New Claim     ☐ Append to Case No.

### CLAIMANT INFORMATION:

First Name David	Last Name Lucero		
Social Security Number	[REDACTED]		
Address	[REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	
Phone	[REDACTED]		
Other Phone	- -		
Other Phone 2	- -		
Email			

### EMPLOYER INFORMATION:

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type <small>(Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)</small>	Other
FEIN	
ER First Name	Frank
ER Last Name	

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
<b>Industry</b> (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

**COMPLAINT INFORMATION:**

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District	02
County	Brooklyn
Dates Worked	From 4/ 14/ 2011 to 04 / 12 / 2014
Rate \$450.00	Per Week
Occupation	<b>Or</b> Job Title Pizzia and Salad Prep., Dishwasher

**COMPLAINT: What you put in here will populate the collection letter. Please be professional and concise with your wording.**

Language

Complaint Specific Information:

Violation Date	/ /
<input type="checkbox"/> Central Investigations	<input checked="" type="checkbox"/> Send Acknowledgement letter

Other:

Status:

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<input checked="" type="checkbox"/> Valid/Make a Case	<input type="checkbox"/>

COMMENTS:

**Division of Labor Standards – Claim Intake Review Form**

CN  
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Only those sections marked in YELLOW are required fields DISTO2

Reviewed by:

RACF: usayg1

APPENDED

Check One:



New Claim



Append to Case No.

LS02 2014002247

NY 4/16/14

**CLAIMANT INFORMATION:**

First Name Juan	Last Name Degante	
Social Security Number	[REDACTED]	
Address	RECEIVED DIV OF LABOR STANDARDS APR 21 2014 NEW YORK CITY OFFICE DISTRICT #2	
City	State	Zip
Phone	-	-
Other Phone	-	-
Other Phone 2	-	-
Email		

**EMPLOYER INFORMATION:**

Employer Name	Grimaldi's Coal Brick-Oven Pizzeria
Business Type (Use one of the following in this field: Corporation/DBA/Individual/LLC/Other/Partnership)	Other
FEIN	
ER First Name	Alberto
ER Last Name	Moreno

Address	1 Front Street
City Brooklyn	State NY Zip 11201
Phone	718 - 858 - 4300
<b>Industry</b> (Use one of the following in this field: Apparel, Building Service, Domestic Employment, Electric, Farms, General Construction, HVAC, Homework, Hotels, Miscellaneous, Miscellaneous – Non-Profit, Non-Profit Exempt, Plumbing, Public Schools, Restaurants)	Restaurant

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	<input type="checkbox"/> Minimum Wage
	* <input type="checkbox"/> Permit/Licensing
	<input type="checkbox"/> Supplemental Wage Claim
	<input type="checkbox"/> Tip Appropriations
	<input type="checkbox"/> Unlawful Deductions
	<input type="checkbox"/> Wage Claim
	* <input type="checkbox"/> Wage Statement/Records/Payment

District	02
County	Brooklyn
Dates Worked	From 3/ 01/ 2013 to 04 / 13 / 2014
Rate \$80.00	Per Day
Occupation	Or Job Title Dishwasher

**COMPLAINT: What you put in here will populate the collection letter. Please be professional and concise with your wording.**

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Language

Complaint Specific Information:

Violation Date	/ /
<input type="checkbox"/> Central Investigations	<input checked="" type="checkbox"/> Send Acknowledgement letter

Other:

Status:

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Invalid
<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> Pending
<input type="checkbox"/> Valid/Make a Case	<input type="checkbox"/>

COMMENTS:

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